SRI LANKA INSTITUTE OF ADVANCED TECHNIOLOGICAL EDUCATION

Application for the Semester Examination

Name of the Course and Year: HNDE 2nd Year.. 2020

Full Time / Part Time: ……. Semester:2nd

1. **Full Name as in student registration record book: ……**
2. **Name with Initials :……**
3. **Private Address :……**
4. **Sex :……**
5. **Telephone No :……**
6. **Admission No :……**
    a. **Receipt for payments of examination fee :……**
    b. **Percentage of attendance during the year :……**

Specified subjects to be given at the examination

S.No	Subjects	Medium
01	Advanced Reading & Vocabulary Development II 2211	English
02	Language Structure Usage Linguistics IV 2212	English
03	Sri Lankan Literature 2213	English
04	Advanced Professional Writing 2214	English
05	English language Teaching Methodology 2215	English
06	Principles of Education 2218	English
07	Educational Measurement 2221	English
08	Educational Psychology 2224	English

7. Indicate the attempt under which you sit this examination weather:

1st Attempt

Declaration of Applicant:

I certified that the information above is true and correct.

Date: …… Signature: ……

Note: Please complete all items in this application form. Incompliant will be rejected.

Recommendation in Lecturers:

S.No	Subjects	Medium	Percentage of Attendance	Recommendation of Lecturer	Signature
01	Advanced Reading & Vocabulary Development II 2211	English			
02	Language Structure Usage Linguistics IV 2212	English			
03	Sri Lankan Literature 2213	English			
04	Advanced Professional Writing 2214	English			
05	English language Teaching Methodology 2215	English			
06	Principles of Education 2218	English			
07	Educational Measurement 2221	English			
08	Educational Psychology 2224	English			

Date : ……

RECOMMENDATION OF THE HEAD OF THE SECTION

Mr./Mrs./Miss. ……..attend ……Course as a Full Time / Part Time /Day /Evening student. His /Her attendance exceeds …….percentage and I recommended / not recommended him /her to sit the examination in the ……..medium.

Date : …… Signature of Head Division:……

APPROVAL OF DIRECTOR / ACADEMIC COORDINATOR

This applicant has fulfilled all requirements and I approved his / her application to sit the examination.

Date:. …….. …….

Signature of Director /
Academic Coordinator